



DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

LINDA LINGLE
GOVERNOR
THEODORE E. LIU
DIRECTOR
RAYMOND M. JEFFERSON
DEPUTY DIRECTOR

Enterprise Zones
No. 1 Capitol District Building, 250 South Hotel Street, Room 503, Honolulu, Hawaii 96813
Mailing Address: P.O. Box 2359, Honolulu, Hawaii 96804
Web site: www.hawaii.gov/dbedt

Telephone: (808) 586-2593
Fax: (808) 586-2589

HAWAII ENTERPRISE ZONES (EZ) PROGRAM END-OF-YEAR REPORT FORM FOR BUSINESSES

This End-of-Year report form has been sent to you following the last month of your most recent tax year. It includes two sections you should complete and then submit to your county EZ coordinator by the deadlines indicated below:

- I. GROSS REVENUE AND HIRING INFORMATION (Due within 30 days after the end of your tax year).**
- II. TAX AND PAYROLL INFORMATION (Due within 30 days after filing your state tax returns for the tax year ending this month).**

The gross revenue and hiring information requested in Section I will be used to determine if your business has qualified for EZ tax benefits in your tax year ending this month. Please submit this information within 30 days after the end of your tax year if possible so you can be notified well in advance of your general excise and state income tax filing deadlines.

If you qualify for EZ tax benefits, you will be sent a certification form that you should keep. Copies of the certification form should be attached to your general excise and state income tax forms when they are filed. (Note: You will also need to include State of Hawaii Tax Department Form 756 with your state income tax return.) If you do not qualify, you will also be notified.

The tax and payroll information requested in Section II for your tax year ending this month will help us track the value of the EZ tax benefits from year to year. All of the information you provide will remain confidential. You should submit your tax and payroll information to your county EZ coordinator within 30 days after filing your tax returns, but you may submit it sooner if you prefer.

Each section should be signed by a person authorized to act on behalf of the business.

QUESTIONS? Call the following numbers:
Molokai and Lanai: 1-800-468-4644
Oahu: 586-2593 Hawaii: 974-4000
Maui: 984-2400 Kauai: 274-3141
(Dial 6-2593 after you have reached the number you dialed above.)

HAWAII STATE AND COUNTY ENTERPRISE ZONES COORDINATORS

Enterprise Zones Coordinator
Business Support Division
Department of Business, Economic Development, and Tourism (DBEDT)
State of Hawaii; P.O. Box 2359
Honolulu, HI 96804
Phone: (808) 586-2593 Fax: (808) 586-2589
E-mail: wthom@dbedt.hawaii.gov

Hawaii Jane Horike
Department of Research and Development
County of Hawaii
25 Aupuni Street, Room 219
Hilo, HI 96720
Phone: (808) 961-8496 Fax: (808) 935-1205
E-mail: jane@interpac.net

Kauai Beth Tokioka; Director of Economic Development
Office of the Mayor, County of Kauai
4444 Rice Street, Suite 200
Lihue, HI 96766
Phone: (808) 241-6390 Fax: (808) 241-6399
E-mail: btokioka@kauaigov.com

Maui and
Molokai Lynn A. S. Araki-Regan; Economic Development Coordinator
County of Maui
200 South High Street
Wailuku-Maui, Hawaii 96793
Phone: (808) 270-7710 Fax: (808) 270-7995
E-mail: lynn_araki-regan@co.maui.hi.us

Oahu Paul Kobata
CBED Section: Office of Special Projects
Dept. of Community Services; City & County of Honolulu
715 Kapiolani Blvd., Suite 311
Honolulu, HI 96813
Phone: (808) 527-5860 Fax: (808) 527-5498
E-mail: pkobata@co.honolulu.hi.us

SECTION I

GROSS REVENUE INFORMATION:

To determine if you satisfied the gross revenues requirement, please complete the following calculations. Both I.B and I.C. below must be at least 50% in order to qualify for EZ tax benefits. The EZ General Excise Tax exemption is applicable only to taxes due on gross revenues from EZ-eligible transactions within a zone, while EZ income tax credits apply to net taxable revenue from all transactions within a zone. Also, if you are applying for EZ benefits for a partial tax year, only revenues from those months during which your EZ establishment was eligible to participate in the EZ program should be used.

I.A. \$ _____ Total gross revenues from all transactions, both inside and outside the zone, attributed to your EZ establishment during the tax year--full or partial--for which you wish to qualify for EZ tax benefits.

I.B. _____ % Percentage of I.A. from transactions recorded inside the zone.

I.C. _____ % Percentage of I.A. from EZ-eligible transactions inside the zone.

HIRING INFORMATION:

To determine if you satisfied the hiring requirements, please complete the following calculations.

I.D. _____ Average number of full-time employees at your EZ establishment. (Add the number of full-time employees during each pay period and divide by the number of pay periods during the tax year--full or partial--for which you wish to qualify for EZ tax benefits.) Full-time = 20 hours or more per week.

THIS PAGE SHOULD BE SIGNED ON BACK BEFORE SUBMITTAL BY A PERSON AUTHORIZED TO ACT ON BEHALF OF THE BUSINESS.

SUBMIT THIS SECTION WITHIN 30 DAYS AFTER YOU FILE YOUR STATE GENERAL EXCISE TAX AND INCOME TAX FORMS.

BUSINESS NAME _____

EZ ADDRESS _____

SIGNATURE _____

TITLE _____

DATE _____

COUNTY: DATE RECEIVED _____

DBEDT: APPROVED _____ DISAPPROVED _____ DATE _____

SECTION II

TAX AND PAYROLL INFORMATION

NOTE: When providing the information requested below, leave "All Hawaii Operations" blank if your EZ establishment is your only operation in Hawaii. Also leave blank any questions which request information for a year during which either your EZ establishment and/or other Hawaii operations did not exist.

- A. Most Recent Annual Hawaii General Excise Tax Payment
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- B. Most Recent Annual Unemployment Insurance Premium Payment
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- C. Most Recent Annual Hawaii State Income Tax Payment
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- D. Income Taxes Paid to *Other* States (if any) in most recent tax year (*NOTE: This information is necessary only if you did not pay any Hawaii State Income Tax in most recent tax year.*)
19 _____ State(s) _____
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- E. Real Property Taxes Paid as Owner or Lessee on Property Located in the Enterprise Zone:
Most Recent Year 19 _____ \$ _____
- F. Average Monthly Payroll: Most Recent Year 19 _____
EZ Establishment \$ _____ All Hawaii Operations \$ _____
- G. Amount of General Excise Tax exemption claimed, if any, by any licensed contractor for construction work done at the site of your EZ establishment \$ _____.

THIS PAGE SHOULD BE SIGNED ON THE BACK BEFORE SUBMITTAL BY A PERSON AUTHORIZED TO ACT ON BEHALF OF THE BUSINESS.

SUBMIT THIS SECTION WITHIN 30 DAYS AFTER YOU FILE YOUR STATE GENERAL EXCISE TAX AND INCOME TAX FORMS

BUSINESS NAME _____

EZ ADDRESS _____

SIGNATURE _____

TITLE _____

DATE _____

COUNTY: DATE RECEIVED _____

DBEDT: APPROVED _____ DISAPPROVED _____ DATE _____